

Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b> <u>EMQ Families First</u>		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) <u>Darren DeMonsi</u>			
Designated Agency Contact (Name, Title) <u>408 364 4058</u>			
Area Code/Phone Number	E-mail <u>demonsi@emqff.org</u>	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☐ No ☒ Face Value of Each Ticket/Pass \$ 50

Event Description Barracuda v. Candors Date(s) 2, 14, 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: Arena Authority  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u>EMQ FamiliesFirst</u>	<u>24</u>	<u>Family Support Services</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature] Darren DeMonsi Assoc. Director 2-12-16  
Signature of Agency Head or Designee Print Name of Development (Month, Day, Year)

Comment: \_\_\_\_\_